

MACS Conference - Pre Conference Provider Questions

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DDA Waiver Services	
Question	Answer
What services are open to people who are not in a waiver and are state-funded? Do they need to apply for a waiver in order to continue to access services?	<p>If a person is State funded and DDA-eligible, he or she should apply to a DDA Waiver program with guidance from the DDA Regional Office. For Regional Office contact information, please visit: https://dda.health.maryland.gov/Pages/Regional%20Offices.aspx</p> <p>If a person is in need of services but is not DD-eligible, then he or she can consider other state and local programs, including Community First Choice. For more information on Community First Choice, please visit: https://mmcp.health.maryland.gov/longtermcare/Resource%20Guide/03.%20Program%20Fact%20Sheets/Fact%20Sheet%20-%20CFC%20March%202018.pdf</p>
If a person is independently volunteering 40 hours a week, because that is what they choose to do. What service does this fall under?	<p>If a person is 'independently' volunteering, they may need limited to no direct support. The support a person receives under a particular service is identified through a Person-Centered Plan (PCP). It is important to continually explore with a person that is gaining more independence to explore the development of natural supports, explore integrated supports using the Integrated Star, or even identify another skill they may want to learn in order to strengthen their existing level of independence, or gain more independence.</p> <p>Both Community Development Services (CDS) and Day Habilitation (DH) services are direct support services, meaning that the Direct Support Professional (DSP) is engaging directly with a person or group, providing guidance and support to the person(s) receiving a given service for the majority of the time the</p>

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	<p>service is occurring as per the PCP and the Provider Implementation Plan.</p> <p>Engagement does not imply constant visual contact with the person, and can also include monitoring for health and safety. The provision of direct support occurs in the same service location as the person receiving services.</p> <p>For more information about Meaningful Day Services, please visit the DDA Federally Approved Community Pathways Waiver Application: https://dda.health.maryland.gov/Pages/Community%20Pathways%20Waiver%20-%20Amendment%202%202019.aspx</p> <p>Additionally, information about Meaningful Day Services can be found at: https://dda.health.maryland.gov/Pages/employment.aspx</p>
Day Habilitation isn't listed under self-direction; however, we provide Day Habilitation Services to a person who is self-directed. Will that practice be able to continue?	Day Habilitation is available under the self-directed service delivery model. Participants can exercise budget authority. There was a typo in the presenter's presentation.
Will you please explain again the difference between SD-E/BA and examples of each?	<p>Employer Authority – Person accepts the rights and obligations of an employer (as outlined in federal, State and local law and regulation) as the employer of record. They hire, train, set wages and schedules, sign timesheets, and terminate their staff.</p> <p>Budget Authority – Person accepts responsibility and authority to manage his/her approved Medicaid Waiver budget.</p>
Brief Support Implementation Services (pg 65): " Cannot be duplicative of other services being provided (eg 1:1 supports). This service models behavioral support strategies if the person has 1:1 supports. Wouldn't that staff need to be present?	Yes, the individual's 1:1 would need to be present. The BSIS staff person can not be performing the duties of the 1:1. The BSIS staff is there to monitor and coach the 1:1 to ensure that they are implementing the interventions as stated in the Behavior Plan

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<p>What is the difference between volunteering and community integration under personal supports versus under CDS?</p>	<p>Volunteer activities and community integration and inclusion can be supported under multiple DDA funded services.</p> <p>Per DDA's Frequently Asked Questions (FAQ) document sent out on 4/11/19: All Meaningful Day Services and Personal Supports are habilitative in nature, meaning they should support people to learn, keep, or improve skills and functional abilities.</p> <p>They include individualized supports, delivered in a personalized manner based on the person's identified outcome. These services are not intended to provide respite.</p> <p>The DDA's Meaningful Day Services are designed to support people of working age on their path to employment (no matter where they are on that path), and people of retirement age to take part in retirement activities in integrated settings. Activities should be habilitative in nature; meaning they should be focused on keeping, learning or improving skills and functioning for daily living. They typically occur during normal business hours but can also be provided in the evenings and on weekends.</p> <p>Personal Supports are designed to support independence in an individual's own home and community in which the person wishes to be involved, based on their personal resources. They typically occur in the evenings and on weekends after normal business hours but can also be provided during the day to support a person who works evening and nights and other individualized assessed need or circumstances. When looking at a plan for a person that is of working age (16-64), there are a range of supports/services that can be provided, no matter where on the path to employment a person may be. This is true even for people that may have no current employment goal identified in their PCP. This is important to keep in mind, because a person having no current employment</p>
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	goal does not mean that they cannot be supported to explore, learn and be participating members of their communities.
For those people who are funded in lieu of day, where will they fall with meaningful day?	They would not be in meaningful day services, as they would fall under residential services.
Does in Lieu of Day exist under the Community Living - Group Homes funding as "Dedicated Staff Supports"?	<p>Yes, in lieu of day services exist under Community Living-Group Homes, for persons whose health status is compromised by leaving the home or they are of retirement age. Please note, however, that dedicated hours cannot be authorized as an alternative to Day Habilitation if the person is of working age, and refusing both employment and CDS options.</p> <p>Please visit the DDA- Service Authorization and Provider Billing Document Guidelines at: DDA Federally Approved Community Pathways Waiver Application: https://dda.health.maryland.gov/Pages/Community%20Pathways%20Waiver%20-%20Amendment%202%202019.aspx</p>
Are Live-in Caregiver Supports available in Supported Living?	<p>No, Live-in Caregiver Supports are not available for participants that utilize Supported Living.</p> <p>For more information about Supported Living, please review the DDA Federally Approved Community Pathways Waiver Application: https://dda.health.maryland.gov/Pages/Community%20Pathways%20Waiver%20-%20Amendment%202%202019.aspx</p>
What services require a Direct Supports Professional II (DSP II)?	At this time, there are no services that required a DSP II.

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DDA Policies	
Question	Answer
Are CCS suppose to submit the PCP to DDA 20 business days before the plan date?	Yes
What's the role of the Coordinator of Community Services (CCS) in this process?	The CCS connects the person to services. The CCS meets with the person and team to identify the person's assessed needs and goals, and services and supports to assist in addressing the needs. Requested services are submitted via the LTSSMaryland PCP. For more information to about role of the CCS, please visit the Coordination of Community Services webpage at: https://dda.health.maryland.gov/Pages/coordination%20of%20community%20services.aspx
What happens when someone exceeds the 30 days out of the program? Extended hospital stay? The residential provider is still expected to hold the person's spot. However the provider gets no payment for this, even though the provider's residential expenses continue on. House budgets are predicated on all three people's funding.	As per federally allowable, the Residential Retainer Fee is available for up to 30 days per year, per recipient, when the recipient is unable to receive services due to hospitalization, behavioral respite, or family visits.
A provider may complete a behavioral assessment and determine that rather than a full Behavioral Plan, a protocol or guidelines may be more appropriate (and less restrictive) in order to bill for consultation or BSIS. Does there have to be a Behavior Plan or just an assessment indicating that consultation or BSIS could instead be provided in support of a protocol or guidelines?	<p>Provider are encouraged to use a variety of strategies to support people. In some cases a formal Behavioral Plan is warranted and in other cases environment changes and other supportive strategies can be established and put into place.</p> <p>Behavioral Supports Services begins with the Behavioral Assessment to determine if a formal Behavioral Plan is needed. If a Behavioral Plan is needed and established, then Behavioral Consultation and Brief Support Implementation Services can be requested.</p>

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Does DDA use subject matter expert on PCPs to review NCP -BSS?	Yes. Regional Office nurses and behavioral specialists review assessments, nursing care plans, and behavioral plans to ensure that the participant's nursing, behavioral, and health and welfare needs are being appropriately addressed.
Does DDA take into account person-centered planning when developing and implementing programming, policies and regulations?	Yes
Please define assessed needs. Is there a standard process for determining assessed needs?	A need assessment is a systematic process for determining and addressing a need or "gaps" between current conditions and desired outcome to determine the level of services needed. The DDA uses the PCP Authorization process to determine assessed needs. It includes consideration of the how the person and their team take into consideration the person's chosen outcomes, integrated services and supports, focus area exploration, and the results from the Health Risk Screening Tool (HRST), the Support Intensity Skills Tool, and other health professionals documents/assessments to determine what the person needs to address their health and safety in meeting their trajectory to their "good life"
Regarding a home with 5 people, will that one person have to move out of the home to meet the Community Settings Rule?	No. The Community Settings Rule does not set a number of people that can reside in a home. As per previous DDA guidance and formal correspondence, the DDA will continue to support current homes with more than four individuals based on current occupancy. Reference: DDA Memo - Group Home Moratorium Clarification August 28, 2015 https://dda.health.maryland.gov/Pages/Developments/2015/group%20home%20moratorium%202015-08-28-141950.pdf

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How will DDA handle clients that are in crisis?	The DDA currently utilizes an “emergency” situation form and can immediately authorize emergency services for people currently in services or create an Emergency Service Plan (ESP) for people previously unknown to the DDA seeking help.
What is the responsibility of the provider providing the services to the client in crisis?	Providers identified are authorized within the PCP or ESP and would provide the authorized services as outlined in the approved waiver application.
Will DDA continue to allow providers to mix DDA funding with other Funding Sources in Community Living Group Home settings, specifically Traumatic Brain Injury?	Yes. Providers can support people under the Traumatic Brain Injury Waiver provided the site is jointly licensed and staff are not shared. DDA Provider Group Homes have a designated licensed capacity to support people supported within the DDA service delivery system and do not take into account other programs. Rates have been established based on the number of people being supported within the home.
We sometimes see people coming in with a low matrix score and realize they need much more supports. This leads to a matrix score re-evaluation. How would the SIS address this type of scenario? Would we request for a SIS reevaluation?	<p>The SIS® is a tool designed to measure the relative intensity of support that each person needs to fully participate in community life. The SIS® is intended to be used in conjunction with the person-centered planning processes to assist teams in developing individualized support plans that are responsive to the needs and choices of people with disabilities. The SIS® is a standardized and norm-referenced assessment tool that is used statewide for determining support levels for people in Home and Community Based Services (HCBS) Medicaid Waiver programs. It is not a budget or resource allocation tool.</p> <p>Additional supports and services appropriate for each person is best identified by starting with the person and the personal outcome measures identified in their Person-Centered Plan (PCP). The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or</p>

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	<p>privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. Utilizing the SIS® and the Integrated Star is helpful to get a more comprehensive look at all the services and supports that may exist in a person's life; not just eligibility specific supports.</p> <p>For more information to about the SIS®, please visit the DDA webpage at: https://dda.health.maryland.gov/Pages/SIS.aspx</p>
<p>Please be specific describing, "Does not include meals as part of a nutritional regimen" under Meaningful Day. Does this mean that "lunch" is not included? If so, what is the customary time period for lunch? For example, 1/2 hour?</p>	<p>This means that funding provided for this service does not include funding to provide meals to service recipients. A person can be supported to engage in meals at any time during the service. Agencies can designate specific lunch periods based on their business model. However, the specific lunch period time should include some flexibility and be based on the person and their needs as some people may need more than the traditional 30 minute lunch break.</p>
<p>An individual who has a matrix of 4/5 for SE/Day. The bottom number has 20 staff hours per week included. So they only fund 10 additional hours of direct support. Are we liable for providing the whole 30 hours of 1:1 if we are only getting funded for 10 hours?</p>	<p>The agency is responsible for providing 30 hours. 1:1 support for the first 20 hours is already included in the rate for a person with that matrix score. The additional 10 hours of add-on takes the total weekly support to 30 hours of 1:1.</p>
<p>In Lieu of Day/Residential -- People with Downs Syndrome may have dementia before age 65 retirement age. Will they qualify for retirement?</p>	<p>How a person spends their day and in what activities, is defined in the person-centered plan. Retirement is a definition that means:</p> <ul style="list-style-type: none">• the person is of retirement age (65 or older, per Social Security Administration retirement age) AND, the person does not work;• AND no longer wants to work. <p>However, there is no mandate that a person be receiving a</p>

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	<p>particular service or be engaged in paid work if this does not meet their needs. People of all ages and abilities should be encouraged to explore their communities in ways that help them meet their own personally identified outcomes and goals.</p>
<p>Regarding provider-controlled settings: If several people share the home, can they (the residents) set rules regarding visitors, food, music and other issues that impact all people living there?</p>	<p>People living in provider owned or operated settings have rights to decorate their own room, have visitors, access to food, etc. as per the federal Community Settings Rule.</p> <p>As with typical housemates situations, all residents can develop and agree to common house rules to respect the rights of all.</p> <p>For more information about the Community Settings Rule, please visit the DDA website at: https://dda.health.maryland.gov/Pages/HCBS.aspx</p>
<p>What roles does the CCS play in the development of provider implementation strategies?</p>	<p>The CCS assists the person with the facilitation of a PCP based on the person's chosen outcomes. Based on the information that comes out of focus area exploration, a coordinator can work with the person to determine the most appropriate service(s) to support their needs. The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. This tool is helpful to get a more comprehensive look at all the services and supports that may exist in a person's life; not just eligibility specific supports.</p> <p>Once a service provider is selected to provide the DDA approved waiver service, the provider develops a Provider Implementation</p>

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	Plan based on the person's chosen outcome and the federally approved service scope and requirements. The implementation plan should be shared with the person and their team.
What about people who are currently employed in disability specific contracts (such as Goodwill/Chimes, etc) and are making more than minimum wage and happy with their jobs? Is this allowed?	<p>People who are engaged in non competitive or competitive integrated work that have an assessed need for support will be able to access waiver services as long as it meets the requirements. A person may be able to receive Career Exploration support if engaged in non competitive integrated employment. If the person is engaged in competitive integrated employment they may be authorized for Employment Services. DDA has defined competitive integrated employment as -</p> <ol style="list-style-type: none">1. Wages received in the position are competitive, and2. Employment position is integrated and complies with HCBS settings rule requirements, and3. The person has similar opportunities for advancement and benefits, and4. If the person is employed either directly, or via contract, by a certified DDA Meaningful Day service provider, there is an approved Conflict of Interest Policy.
Is there any expectation that people access vocational rehabilitation services (DORS) before accessing employment services under the waivers?	Yes, there is a federal expectation that those that are eligible for DORS services would access them before accessing employment services under the waivers.
Are people designated as part of the Governor's Transitioning Youth Initiative no longer automatically enrolled in the CPW?	All potential Transitioning Youth who have been determined to meet the developmental disabled eligibility category can apply to the DDA Waivers (i.e. Community Supports Waiver or Community Pathways Waiver). People are placed in the appropriate waiver that best meets their assessed needs.

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Can an agency subsidize rent/room and board costs in Supported Living?	Supported Living is based on the person living in their own home or apartment. It is not a provider owned or operated. It is a provider's decision as to whether they want to subsidize cost but they are not reimbursable by the DDA.
I thought the competitive integrated employment definition was changed to be a little more flexible. I thought you could receive Discovery services and Community Development Services could be done at the same time.	Community Development Services (CDS) and Discovery services are two distinct services with specific requirements. A person can receive both services during the day. CDS can assist in informing the person and team of potential job interest. The specific Discovery Milestones at the same time as another Meaningful Day Service.
Employment Services: Job development hours are limited to a maximum total, is this per year, per every 2 years, lifetime?	Job Development services are limited to eight (8) hours per day and total maximum of 90 hours unless otherwise authorized by DDA.
Is there a time limit on how long face to face contacts need to be; i.e two hours, four hours etc in follow along services?	Follow along services were based on the expectation of 6 hours per month which includes both face to face and indirect supports
What is the process for : CL Group Home . . . As someone moves in/moves out, # of individuals change . . . rate changes?	The rate is based on the number of people in the home on the 1st day of the month. It is recalculated every month to account for changes in the the number of residents.
Day Hab and CDS are limited to 8 hours per day, 40 hours per week. If individuals want to go on a trip such as Busch Gardens, is it possible to request a waiver for a day as this will be a 10-12 hour day?	No. Day Hab and CDS are limited to 8 hours a day.
If a work site is certified CIE by DORS, is DDA accepting this designation to pay for follow along and ongoing supports?	No. The DORS designations for CIE do not necessarily align with DDA's designations of CIE. The DDA does not authorize a work site. We authorize individual services based on the person-centered plan.

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Is someone considered working in competitive integrated employment if they meet all the requirements but only work one or two days a week? There isn't an hour or day minimum on this, correct?	DDA does not define an hour or day minimum for CIE.
Within the Discovery milestone 2, how long does each community based situation need to be? Is there a minimum? Is there a cap?	Reimbursement for the milestone is based on completing all elements
Is there a time limit for Ongoing Job Supports?	No
When someone gets employed and the services need to change (ex. job development to ongoing supports) and we completed a MSFPR, do we have to wait to provide the service needed. If we don't wait, is that medicaid fraud?	Yes, the services need to be authorized. When developing the PCP, both services can be requested so that ongoing supports can immediately begin once the job has been offered.
Is Discovery time limited? How does it calculate with other day and employment services in relation to the 40 hours a week rule?	Yes, it is based on three milestones and is not included in the 40 hours calculation.
Can you define "overnight support"? Does this include awake overnight and/or sleepover support in case of emergency?	<p>Overnight support is based on the provider's business model and the person's assessed need. Some providers may choose to have awake staff on duty and others may choose to have staff present in the home.</p> <p>The specific overnight support a person needs must be described in the person's PCP to address health and safety needs.</p>
What are the criteria for enhanced supports?	<p>The following criteria will be used for participants to access Community Living – Enhanced Supports Services:</p> <ol style="list-style-type: none">1. The participant has critical support needs that cannot be met by other residential or in-home services and supports; and

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	<p>2. The participant meets the following criteria:</p> <ul style="list-style-type: none">i. The participant has<ul style="list-style-type: none">(i) court ordered restrictions to community living; or(ii) demonstrated history of severe behaviors requiring restrictions and the need for enhanced skills staff; andii. Community Living – Enhanced Support Services are the least restrictive environment to meet needs. <p>For more information, please review the DDA Federally Approved Community Pathways Waiver Application: https://dda.health.maryland.gov/Pages/Community%20Pathways%20Waiver%20-%20Amendment%202%202019.aspx</p>
If you have 2 people in a 2 person home that requires 1:1 24/7 will both participants be able to continue to receive 1:1 awake overnight for each participant.	Yes
Can exceptions be made, if two individuals in the same house need their own dedicated awake overnight staff.	Yes
Shared Living -- Is there "respite" available for Shared Living hosts?	No
Community Living Group Home -- is overnight support either awake or asleep?	<p>Overnight support is based on the provider's business model and the person's assessed need. Some providers may choose to have awake staff on duty and others may choose to have staff present in the home.</p> <p>The specific overnight support a person needs must be described in the person's PCP to address health and safety needs.</p>

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Can Supported Living be done at Senior Housing Apartments that is not Assisted Living?	Additional information is needed related to the specific housing before a determination can be made.
How often may you do a behavioral assessment?	Behavioral Assessment is limited to one per year unless otherwise approved by DDA.
How do you determine if persons currently in Personal Supports stay in PS or have to Supported Living?	The person-centered planning processes should be used to determine the best support model to meet the person's needs.
Can Community Development Services be used to support people in post-secondary programs?	Yes
Currently there is some fluidity with SE and day services. How is that going to work moving forward when someone loses their job? Will they have day and employment services in their plan?	Yes. A person can have a variety of Meaningful Day Services included in their PCP.
Remote Supports - Does this service require continuous 24/7 monitoring or can it be used as a daily check in? For example, "Facetime" an individual each afternoon -- Did you each lunch? Take your medicine?	<p>Remote Support Services must be done in real time, by awake staff at a monitoring base using one or more of the following:</p> <ol style="list-style-type: none">1. Live two way communication with the participant being monitored;2. Motion sensing systems;3. Radio frequency identification;4. Web-based monitoring systems; and5. Other devices approved by the DDA. <p>For more information, please review the DDA Federally Approved Community Pathways Waiver Application: https://dda.health.maryland.gov/Pages/Community%20Pathways%20Waiver%20-%20Amendment%202%202019.aspx</p>
For Personal Supports - If a person transitions to employment as a result of their community integration activities, can personal supports be used to support that person on their job?	No. Employment Services support people in employment.

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Training	
Question	Answer
<p>Are all CCS types agencies taught and using the same language when explaining what's available for the people they serve?</p> <p>How are they being trained on the new terminology/changes?</p>	<p>Yes, all CCSs are trained in Person-Centered Planning, as well as DDA Waiver programs, service definitions and scopes. Additionally, CCSs are given resources for additional information as related to DDA Waiver services. These resources include webinars and powerpoint presentations, the federally approved DDA Waiver Applications, the Guidance for Services Authorization and Provider Billing Document, and DDA policies.</p>
<p>When will DDA begin training on the "how" of all of this?</p>	<p>The DDA has and continues to train and provide technical assistance to DDA providers regarding Person-Centered Planning, LTSSMaryland, policies and DDA Waiver services. The DDA is developing a "toolkit" for providers to support further understanding and resources available to support operational and training needs as the provider transitions to LTSSMaryland.</p>
<p>Are there any training requirements for the family in a shared living environment?</p>	<p>Additional information is needed to fully understand the circumstances.</p>
<p>We pay a per person fee for various training sessions (online training contractor cost per training participant (1st Aid CPR--CMT). Is online training considered training or IT?</p>	<p>Based on the limited information provided, it looks like training.</p>
<p>I thought MANDT training is required for all employees, not just DSP.</p>	<p>Employees who interact with the individuals served should be trained in at least chapters 1-3. If an individual has a behavioral plan and interacts with staff that are not just DSP's, then those staff should have the other chapters that your agency is training the DSPs in. For example, if an individual who has a behavior plan is working with someone in the front office then those staff should be trained in the same chapters of the DSPs.</p>

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Regarding Co-worker Employment Supports, will the co-worker require any specialized training? Will documentation be required by the co-worker?	No. Per authorization manual required documentation, an invoice from the employer documenting the services were provided and signed and dated by the person receiving services and the employee providing the services is required.
Service Authorization	
Question	Answer
Who at DDA is reviewing the service authorization? Does DDA have the capacity to review the plans?	PCPs are reviewed and services authorized by Regional Office Program Support Staff. DDA has hired additional staff and allocated additional supports to meet the need.
How long will the process take to change for one need to another since you can only get the service you need and can no longer anticipate services?	<p>As with current practice, a PCP can contain a variety of Meaningful Day Services providing flexibility to access various services without needed to change the PCP.</p> <p>If a person is changing residential supports, a Revised Plan can be submitted. Plans will be reviewed and approved (if there are no clarification within 20 business days.</p> <p>In the event of an emergency or immediate need, the DDA can authorize emergency services upon notification of the need.</p>
Biling	
Question	Answer
When an individual is funded for Personal Support Services and receives Nurse Case Management and Delegation, does the PCP need to have an outcome/goal for the Nursing service, or is the HRST, Nursing Care Plan, and documented note of service sufficient to satisfy billing?	An outcome is needed for each DDA funded service. The same outcome can be used for several services as applicable. Therefore both Personal Supports and Nurse Case Management and Delegation Services can be noted under the same outcome.

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<p>If a plan is sent into LTSS but is incorrect and is rejected, once it is corrected, will services be backdated and paid?</p>	<p>Every effort should be made to have a complete and timely PCP submitted to the DDA. In the event that the plan is not authorized prior to the Annual PCP date, an Auto Extend PCP will be created to continue current services for a two month period. Providers are able to continue to provide services and be paid. During this time, the plan can be revised and resubmitted.</p>
<p>When does a Provider sign a PCP and how are funds assigned, if the provider is not identified when PCP & Service Authorization is initially submitted to DDA for approval?</p>	<p>The provider would sign the PCP once the person chooses a provider, and the provider accepts the LTSSMaryland service referral. In a case where the PCP was initially submitted without a provider, a Revised Plan can be submitted with the providers signature.</p>
<p>During this transition period from PCIS2 to the LTSS system, providers cannot see individuals coming into services in the system. This has caused problems with verifying the approved funds and billing. Who can a provider contact at DDA when this happens?</p>	<p>Beginning February 1st, providers will be able to view and accept service referrals in LTSSMaryland. CCS are revising PCPs to include the providers selected by the person in the detailed service authorization section. Providers have set up LTSSMaryland accounts can then view and take action on service referrals within LTSSMarland.</p> <p>For additional information, please view the DDA LTSSMaryland webpage at:https://dda.health.maryland.gov/Pages/LTSS%20Maryland.aspx</p>
<p>Can I bill for a meaningful day service where I am completing activities that will contribute to the work required/documented that will also result in a milestone payment in employment discovery?</p>	<p>Community Development Services (CDS) and Discovery services are two distinct services with specific requirements. A person can receive both services during the day. CDS can assist in informing the person and team of potential job interest. The specific Discovery Milestones at the same time as another Meaningful Day Service</p>
<p>Is transportation to and from the residence included in the billing hours for day hab and ongoing job supports? Does that billing start from pick up until drop off?</p>	<p>Time spent transporting a person to/from the location from which their service occurs is not considered billable time, while transportation</p>

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	to/from various locations while in the service is considered billable time.
When we go to LTSS and braid services will we still be filling per service or will be bill all services under 1 person and then move on to the next person for billing?	<p>Billing is done by person. DDA will be providing LTSSMaryland Provider related to billing in the Spring 2020.</p> <p>For additional information, please view the DDA LTSSMaryland webpage at:https://dda.health.maryland.gov/Pages/LTSS%20Maryland.aspx</p>
Can I bill for services if they are not yet accepted by the RO in LTSS?	No
July 1, 2020 to June 30, 2021, if this is a transition year will providers bill in PCISII for those who are in LTSS? Will people be switched into LTSS and their PCP date occurs during this year?	<p>Currently all PCPs are developed within LTSSMaryland. All services noted within the “basic service authorization” section are billed through PCIS2 or paper invoices and all “detailed service authorization” section will be billed through LTSSMaryland.</p> <p>Based on final decisions related to phase in options, providers that transition to LTSSMaryland will bill via LTSSMaryland based on the services authorized in the detailed service authorization section.</p>
There are 4 people in a home and 4 in another. One home is behaviorally challenged. Is the rate the same?	<p>The rate is based on the authorized service such as Community Living - Group Home or Community Living - Enhanced Supports.</p> <p>For more information, please review the DDA Federally Approved Community Pathways Waiver Application: https://dda.health.maryland.gov/Pages/Community%20Pathways%20Waiver%20-%20Amendment%202%202019.aspx</p>
Personal Supports is now hourly and not 15 minutes. What are the rounding rules?	Personal Supports units are based on 15 minute units and have been billed this way for several years.

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Respite--Shared Living no longer gets separate funding for this?	Respite is included in the Shared Living service. The primary life sharing host caregiver may receive additional assistance and relief based on the needs of the participant.
Transportation -- someone in Shared Living who gets ES-follow along supports. Can they get transportation money or not?	Yes, they would be able to access stand alone transportation.
If a person is engaged in CDS and has transitioned to natural supports for a portion of the day, can the CDS rate be charged when staff are not there, and natural supports is provided?	No, it is inappropriate to bill DDA for when the participant is not utilizing DDA services.
How do you bill for Housing Support Services and the maximum 175 hours annually is a limiter per person, right?	Yes, that is correct. Housing Support Services must be identified in the person's PCP, and authorized by DDA. Once authorized, the provider can bill for Housing Support Services.
If someone is funded 1:1 does the billing time start when the person gets picked up if their IP specifies that they must be staffed 1:1 while being transported?	It can, a person that is authorized for dedicated hours and has the assessed need in the PCP that those dedicated hours are also required during transportation.
If a person receiving day hab services requires a ride along companion for health and safety reasons, how will this be funded?	This would be funded using dedicated supports for transportation.
What is the difference between DDA Medical Day and OHS Medical Day (through straight Medicaid)? Specifically regarding how services are authorized and billed?	DDA offers Medical Day Care services under our Waivers, other Medicaid Waivers, and as a stand alone Medical Day Care Waiver. The services are the same. Once authorized through the PCP, the provider would bill Medicaid for the service.
Can 2 people in the same home both receive Awake Overnight rate?	Yes
If a person takes "vacation" and the staff goes with the person, is it billable (6 hours)? Is it counted as a retainer?	Based on the situation, a provider can bill up to 30 days of retainer fee.

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Do Housing Supports Services have to be face to face? Can a provider bill for Housing Support sServices activities that occur when the person is not present (i.e. completing a section 8 application on behalf of the person)?	Housing Support Services must be face to face. A provider cannot bill for services performed when the individual is not present.
What is the status of Bridge Funding?	The DDA is proposing bridge funding based on the current prospective payment system for which providers can access and use during the next fiscal year.
For transportation when do we have to have more than 1 staff on the van? How is that billed?	More than one staff should be on the van, when it specifies in the PCP that the person needs supports to address health and safety and behavioral supports
Does the payment for Shared Living have to go through a provider or directly to the family?	The Shared Living Provider receives the payment.
Can Nursing Supports be an add on of either Traditional/Day/ Personal Supports or CDS?	<p>Nurse Case Management services are a component of Meaningful Day services. A person receiving Meaningful Day services that has an assessed need for Nursing Delegation can request the separate stand alone Nurse Case Management and Delegation Services.</p> <p>A person receiving Personal Supports can request either Nurse Health Case Management or Nurse Case Management and Delegation Services as a stand alone support based on assessed need.</p>
BSS - Can more than one provider be authorized to provide BSS supports for one individual? For example, the individual lives residentially with one provider (#1) but receives day supports from another agency (provider # 2). Can clinicians in agency # 2 provide consultation and BSIS for Day program staff based on Agency # 1's BP and bill for those services?	<p>To support the person in various service environments, one BSS provider is authorized. Agencies supporting the person should provide person specific information and coordinate needs for each service.</p> <p>No there can only be 1 behavior plan for a person. The two providers will need to work together to discuss the behaviors that are presenting in both environments.</p>

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<p>We are an agency who supports an individual in both day and residential services. We submitted a MSFP for BSS and though the unites were not requested this way, they were split in PCIS across day and residential. That limits our flexibility to provide supports when and where they are needed. They are also not billed associated with any program. Why the differentiation?</p>	<p>Mores specifics were requested of the provider to be able to accurately answer this question.</p>
<p>We currently have several individuals who have in their PCP plan that staff are funded to transport them in the community for activities and its billed under transportation based on safety issues and mobility?</p>	<p>In general, Meaningful Day DSP supports needed during transportation for health and safety reasons will be authorized and billed as dedicated supports associated with that service and not billed as the stand alone transportation support service.</p>
<p>When a person is picked up at their home and transported to an activity, when does the Personal Supports services begin when they are picked up or when they get to the activity? How is transportation for this handled?</p>	<p>Beginning July 2020, Personal Supports will include transportation as a component of the service. The service and billing can begin when the staff begins the support at the person home and can include transportation supports for community engagement.</p>
<p>How will the employer get paid for Co-worker supports?</p>	<p>The provider will receive funds for the services being rendered to the person. The provider will then pay the employer for provider Co-worker supports.</p>
<p>What evidence would DDA be looking for as evidence of completion of a required activity during the discovery period before being paid?</p>	<p>As per the DDA Service Authorization and PProvider Billing Guidance:</p> <p>Required Documentation for each Milestone includes:</p> <p>Milestone #1: to include:</p> <ul style="list-style-type: none">- Documentation of a visit/observation with the person and their team in the person's home or in an alternate mutually decided upon location aside from a provider site.- Documentation that the visit included discussion of the person's interests and preferred activities or hobbies, including how they spend their time.- An in-person survey of the community near and around the

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	<p>person's home; AND</p> <ul style="list-style-type: none">- Documentation of record reviews for pertinent job experience, education and assessments. <p>Milestone #2: Completion of Milestone 1 and Community Observation to include:</p> <ul style="list-style-type: none">- Documentation of observations in 3 community-based situations; and/or informational interviews with area employers; AND- Documentation of what has emerged and what was learned from observations; AND- Evidence of a team discussion and coordination. <p>Milestone #3: Completion of Milestone 1&2 and Discovery Profile to include:</p> <ul style="list-style-type: none">- Compilation of information collected to-date, any additional activities that have occurred; AND,- A final summary outlining who the person is; AND- Picture, video, and/or written resume; AND- Team meeting and/or collaboration to compile all information into a final Employment Plan which includes recommended next steps. <p>Please see the DDA Service Authorization and PProvider Billing Guidance at https://dda.health.maryland.gov/Documents/DDA%20-%20Service%20Authorization%20and%20Provider%20Billing%20Documentation%20Guidelines%20-%20Revised%2012-9-19.pdf</p>
Respite, regarding 720 hours in provider locations. What is the minimum number of hours for the daily rate? Clarify, 30 days annual.	<p>The daily rate is based on the hourly rate with an assumption of 16 hours of services.</p> <p>Respite care services hourly and daily total hours may not exceed 720 hours within each plan year unless otherwise authorized by the</p>

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	DDA. Therefore if a person used a provider for all of their respite they could receive up to 30 day per year unless otherwise authorized by the DDA.
Community Living Group Home - if someone receives group home services but receives less than 6 hours per day of supports, are they no longer eligible for that service? Where is the 6 hours defined?	<p>A person must be in the Group Home overnight or for a minimum of 6 hours during the day, in order for the provider to bill for the service. Documentation requirements for Community Living-Group Home Support includes the following: (1) Attendance log acknowledging that the person was in the home at least 6 hours; and (2) Documented affirmation the service was provided.</p> <p>For more information about billing requirements, please visit the DDA-Services Authorization and Provider Billing Documentation Guidelines at: https://dda.health.maryland.gov/Documents/DDA%20-%20Service%20Authorization%20and%20Provider%20Billing%20Documentation%20Guidelines%20-%20Revised%2012-9-19.pdf</p>
Rates	
During the transition period July 1, 2020-June 30, 2021, will providers be compensated according to the old rate or the new rate?	Since a phased-in approach is being considered, it will depend on whether a provider has transitioned to LTSSMaryland.
What is the calculated rate for transportation for meaningful day, per day?	It depends on the service. For CDS-Small Group, the transportation component is \$4.39; for DayHab-Small and Large Group, it is \$3.70; and, for Employment Services: On-Going Support, the transportation component is \$5.51. The billing unit for these services is an hour.

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How is the transportation rate in residential, calculated and added into the residential rate? Is the transportation part of the residential a flat rate across the board?	The transportation component in the residential rate is based on the information provided in the General Ledgers that were used in the development process. All cost components, including transportation, were analyzed based on their relation to the cost of direct care professionals. The average percentage of transportation cost to the DCP cost in the residential ledgers was calculated and incorporated into the rate. The percentage included in the rate is 6.5%.
If Medical Day is funded it is based on the Individual Plan or would it be the traditionally defined Adult Day Med Care rate?	It would be the current Medicaid Adult Day Medical Care rate as DDA does not create the rate for this service.
Are the brick component percentages accurate and complete? If not, when will we get accurate percentages?	The Brick™ components were reviewed and verified by Optumas. Based on their review, some were modified. However, since then, some components have been increased based on policy decisions made by DDA.
How is reimbursement of increased wages for DSP II certification going to work? If it is part of the rate or rate for enhanced services, what is the incentive for providers to provide DSPII or DSPIII certification training?	DDA is still exploring how the DSP II's wages and certification will be handled.
Will the rates for each hour of PS be the same -- not graduated based on the number of hours per week?	Yes, the rate will be the same.
If the General Assembly defers funding for rates, will DDA defer/delay rate implementation?	A decision will be made once the General Assembly has completed its budget deliberations.
Effective 7/1/2020, service rates include transportation for all employment and day services except follow along services. Why? What if they need transportation assistance?	Follow along services are designed to be a periodic check-in service. Therefore, the stand alone transportation support service can be used to complement this service.

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Is BSS included in the Enhanced Supports rate?	Yes. This service provides additional specific behavioral professional and staff qualification requirements in addition to observation and direction to address the participant's documented challenging behaviors or court order.
Other	
Question	Answer
How does an individual access his or her SIS result?	An individual should receive a copy of his or her SIS® results once it has been completed. However, if the individual does not receive a copy, he or she should contact the Regional Office to obtain a copy. Per policy, DDA will only release protected health information (PHI) to the individual, guardian, legally responsible person, their authorized representative, and anyone that they authorize DDA to release their information to. Written permission must be obtained from the individual before SIS® results or any PHI is released to any one other than the individual, guardian or legally responsible person.
Was the HRST designed to determine the amount of health services needed?	<p>The Health Risk Screening Tool (HRST) is used to detect health risks and destabilization early. The HRST assigns scores to 22 health and behaviorally related rating items. The total points result in a Health Care Level with an associated degree of health risk. Health Care Levels (HCL) can range from 1 through 6; Level 1 being the lowest risk for health concerns and Level 6 being the highest risk of health concerns. It is important to understand that the HRST measures health risk not disability.</p> <p>Additional information about the HRST can be viewed on the DDA website at https://dda.health.maryland.gov/Pages/HRST.aspx</p>

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Will participants be given a choice of providers, now that there is an increase of new providers due to the addition of add on services such as BSS? There are concerns that there will be a conflict of interest among providers who are authorized to provide more than one DDA waiver service.	The CCS shares information with the person to include the opportunities to choose among the various DDA-licensed and DDA-certified providers.
Environmental Assessment - An OT is not certified to understand and assess people with ID diagnosed with dementia. Is there any consideration to allowing environmental assessments to be completed by dementia specialists who are not OTs? Given the rate of people with down syndrome who will be diagnosed, this will be essential.	DDA will take this into consideration.
There is a current licensure for ALU (3 or less) and Group Home. Will the licensing change?	Currently, there is no license for ALUs with three or less residents. There is, however, a license for Group Homes. Yes, the licensing will be changing.
What accommodations are being made for our aging population? There is a lot of focus on incoming or "aging in" but what are we to do when our individuals are at the "retirement age"?	<p>Additional supports and services appropriate for each person is best identified by starting with the person and the personal outcome measures identified in their Person-Centered Plan (PCP).</p> <p>The Charting the LifeCourse Integrated Star is a useful tool for people, families, and teams to consider an array of integrated supports to achieve the envisioned good life, including those that are publicly or privately funded and based on eligibility, community supports that are available to anyone, relationship based supports, technology, and also take into account the assets and strengths of the individual and family. Utilizing the Integrated Star is helpful to get a more comprehensive look at all the services and supports that may exist in a person's life; not just eligibility specific supports.</p>

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<p>What is to be done when the facility is unable to meet the needs for aging individuals and they are determined ineligible for other placement to do these same issues the aging is having to meet their needs within the home as well as the meaningful day services.</p>	<p>Teams can contact the DDA Regional Office for additional individualized assistance.</p>
<p>With the new GH Waiver, will DDA get away from contribution to care and allow each person to pay their fair share of housing costs?</p>	<p>The DDA administered the Family Supports Waiver, Community Supports Waiver, and the Community Pathways Waiver. There are no GH Waivers in Maryland.</p> <p>People receiving residential services such as Community Living-Group Home or Community Living - Enhanced Supports are required to contribute to their care and pay room and board based on the approved federal application.</p>
<p>In regards to changes to Employment and Day Services: I notice that it only talks about employment, job development, etc. What happens to the aging population who are not able to keep up with employment opportunities or set community activities? Many are being "pushed out" of meaningful day services. What do you suggest as a retirement plan for IDD individuals who are not able to participate in regular community activities/employment?</p>	<p>Day Habilitation and Community Development Services include a wide array of habilitative activities and skills, not only employment and job development. Day Habilitation can occur in a licensed facility or community setting. Final Rule requirements require the daily option of people accessing inclusive settings if receiving HCBS waiver funding.</p>